

1898

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma State Index No. 188  
 District of \_\_\_\_\_ County Registrar No. 510  
 Town of Miami Local Registrar No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Candido Gamez 3. Sex of Child Male 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth Nov-27-1923  
 (If child is not yet named, make supplemental report, as directed.)  
 7. Date of birth Nov-27-1923  
 Month day year

8. Full name of FATHER Esteban Gamez 9. Residence (Usual place of abode) Miami, Ariz.  
 If nonresident, give place and state \_\_\_\_\_  
 10. Color or race Mex 11. Age at last birthday 32 (Years)  
 12. Birthplace (city or place) Mexico (State or country)  
 13. Occupation Miner Nature of industry \_\_\_\_\_

14. Full maiden name of MOTHER Balvanita Urbina 15. Residence (Usual place of abode) Miami, Ariz.  
 If nonresident, give place and state \_\_\_\_\_  
 16. Color or race Mex 17. Age at last birthday 32 (Years)  
 18. Birthplace (city or place) Alamo, Mexico (State or country)  
 19. Occupation Housewife Nature of industry \_\_\_\_\_

20. Number of children of this mother { (a) Born alive and now living 7  
 (b) Born alive but now dead 3  
 (c) Stillborn \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at 8 A m. on the date above stated.  
 (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
 Given name added from supplemental report \_\_\_\_\_ Month, day, year.

Signature C. M. Cron (Physician or midwife)  
 Address Miami, Arizona  
 Filed Jan 31, 1924 B. E. Drown Local Registrar.  
 Filed 1-5-24 B. E. Drown County Registrar.

Registrar. \_\_\_\_\_

379-1127-241